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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10521838 | <b>Applicant(s)/Patent Under Reexamination</b><br>HAASE, FRANK |
|   | <b>Examiner</b><br>Ellen M McAvoy          | <b>Art Unit</b><br>1797  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 208                |                                   | 15       |  |  |  | C                            | t | g | L | 1 / 04 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 585                | 14                                |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 431                | 2                                 | 3        |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        | 7     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        | 8     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        | 9     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        | 10    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        | 11    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        | 12    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        | 13    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        | 14    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        | 15    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       | 16    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 1  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|--|--|------------------------------|---------------------|
| NONE   |  | <b>Total Claims Allowed:</b> |                     |
| (Assistant Examiner)                               |  | 16                           |                     |
| (Date)   |  |                              |                     |
| /Ellen M McAvoy/<br>Primary Examiner Art Unit 1797 |  | 12/02/2009                   | O.G. Print Claim(s) |
| (Primary Examiner)                                 |  | (Date)                       | O.G. Print Figure   |
|  |  | 11                           | 1                   |